

# **George E. Wahlen Veterans Affairs Salt Lake City Health Care System**

**2021 - 2022**

**Psychology Internship Program Brochure**



**August 2, 2021 to August 1, 2022**

**George E. Wahlen Veterans Affairs Salt Lake City Health Care System  
Psychology Service (116B)  
500 Foothill Drive  
Salt Lake City, UT 84148**



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Fully accredited by the American Psychological Association Commission on Accreditation.  
Our next site visit for re-accreditation will be in 2021.

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## GREETINGS FROM THE TRAINING DIRECTOR

Dear Internship Applicant:

Thank you for considering spending your internship year at the APA Accredited Psychology Internship Program at the George E. Wahlen Department of Veterans Affairs Salt Lake City Health Care System (VASLCHCS). The VASLCHCS has a long history of psychology training. Interns have been training here since 1952, and we have had over 600 interns. More than half of our 60+ psychologists on staff were trainees here—either as practicum students, interns or fellows.

We have been continuously accredited by APA since 1979, and we will be going through the re-accreditation process next year for our internship program. We are pleased to announce that our Post-Doctoral Fellowship program was recently reaccredited for 10 years—the maximum time possible. The VA SLC HCS internship offers a range of training experiences in the areas of general mental health, assessment, PTSD, health psychology and addictions as well as other opportunities to learn and grow professionally.

Our internship training program is committed to providing high-quality generalist training that is ideal for applicants with a strong clinical background who are interested in both expanding and deepening their clinical skills. The internship training program seeks to help interns develop core clinical competencies so they can work effectively, ethically and with compassion in a broad range of possible settings.

One of the greatest strengths of our program is our shared commitment to facilitating the transition from student to professional in a supportive environment that offers a broad range of experiences and positive challenges. We feel honored that interns have chosen to spend their internship year with us and want to make it the best experience possible. We work to maintain a sense of good will and morale among our colleagues, to foster the spirit of cooperation and singleness of a shared purpose necessary to maintain a successful and healthy training program.

We value diversity and inclusivity beyond being an equal opportunity employer. We welcome diverse and unique people representing a range of cultures, backgrounds, life experiences, veteran status, religious or spiritual traditions, age, disability status, sexual orientations and genders.

Salt Lake City is a beautiful place to live! Nature, skiing, art festivals, film festivals, yummy unique restaurants, friendly people, and a solid economy make this a wonderful place to stay for year or to call your home.

Best Wishes,



Leland “Ben” Swanson, PhD  
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## George E. Wahlen Department of Veterans Affairs Salt Lake City Health Care System

The Clinical Psychology Internship is sponsored by the VA Salt Lake City Health Care System (VASLCHCS) located in Salt Lake City, Utah.

The main facility is located on an 81-acre campus adjacent to the Salt Lake City Veterans Affairs Regional Office and the University of Utah. It is a mid-sized primary and tertiary care facility with 121 beds providing a full range of patient care services. Comprehensive health care is provided through medicine, surgery, mental health, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care.

The VASLCHCS is part of VA Network (VISN) 19, which encompasses the largest geographic area in the 48 contiguous states. We serve an area covering the entire state of Utah, the majority of Montana, Wyoming and Colorado, and portions of Idaho, Kansas, Nebraska, Nevada, North Dakota, and Oklahoma. We have eleven Community Based Outpatient Clinics (CBOCs) and two Outreach Clinics in remote areas of Utah, Idaho and Nevada.



In terms of demographics, 94% of the Veterans served by VASLCHCS are male; 6% are female. Ninety-one percent identify as Euro-American, 5% as Latino, 2% as African-American, less than 1% as Asian American, and less than 1% as Native American. The socioeconomic statuses of the veterans vary widely. VASLCHCS has a major affiliation with the University of Utah School of Medicine. Over 500 University of Utah residents, interns, and students are trained at the VASLCHCS each year. Additional Special Fellowship programs affiliated with the University of Utah are ongoing in Ambulatory Care and Medical Informatics Training Programs. Currently there are 115 physician resident positions funded at the VASLCHCS.

There are also nursing student affiliations with numerous colleges and universities throughout the United States, including local Intermountain West affiliations with the University of Utah, Brigham Young University and Westminster College. The VASLCHCS has ongoing training programs and affiliations with numerous colleges and universities throughout the United States involving our Associated Health Training Program. The associated health training includes dentistry, pharmacy, social work, psychology, occupational and physical rehabilitation, audiology, physician assistant, dietetics, and podiatry training programs. Many of these training programs have been integrated into our Geriatric Research Education and Clinical Center (GRECC).

In 2006, VASLCHCS was designated a Level III Polytrauma Center to respond to the needs of Veterans of the Afghanistan and Iraq conflicts who have suffered multiple traumatic injuries, including TBI and PTSD.

Further information about the VA Salt Lake City Health Care System is available at <http://www.saltlakecity.va.gov>.

## Mental Health Service

Although officially designated a General Medical and Surgical facility, the VASLCHCS also provides mental health treatment through a variety of inpatient, residential, and outpatient services and programs. The various programs of the Mental Health Services provide comprehensive mental health care by a multidisciplinary staff including psychiatrists, psychologists, clinical social workers, advanced practice nurses, vocational specialists, addiction therapists, and mental health associates. There are more than 700 admissions per year to the Inpatient Psychiatry Unit. More than 7,000 unique patients per year are seen on an outpatient or consultation basis by Mental Health Services personnel, resulting in over 50,000 patient contacts.



## About Salt Lake City and Utah

Salt Lake City has a population of approximately 192,000 with the surrounding metropolitan area having approximately 2.4 million people. Individuals unfamiliar with Salt Lake City and the state of Utah are often quite surprised at the wealth and variety of things to do and see. Salt Lake City is a montage of modern high-rises, commercial centers, unique sightseeing attractions, classic buildings, historic sites, excellent restaurants, and beautiful shopping malls. The city is also home to acclaimed ballet dance companies, the Utah Opera Company, many fine art galleries, and history and art museums. Professional sports fans enjoy cheering for the Utah Jazz, Utah Grizzlies and Real Salt Lake. During the summer, baseball fans flock to Franklin Covey Field to watch the Salt Lake Bees, the Triple-A affiliate of the Anaheim Angels. Finally, fans of college sports may enjoy attending University of Utah and Brigham Young University events.

For the outdoor recreational enthusiast, Utah is truly a paradise. During the winter months, Utah has "The Greatest Snow on Earth." Eleven resorts are within an hour drive of Salt Lake City. During the summer months, Utahans take advantage of over 1,000 lakes, rivers and streams. Sailing, wind surfing, kayaking, hiking, rock climbing, and mountain biking are extremely popular during the warmer months. Utah has five national parks: Arches National Park, Bryce Canyon National Park, Canyonlands National Park, Capitol Reef National Park, and Zion National Park. Yellowstone and Grand Teton National Parks are within reasonable driving distances as well.



## PROGRAM GOALS

The Psychology Internship here at VASLCHCS is designed to help interns build a broad range of skills and emerge as qualified entry-level clinical practitioners who are capable of working competently and ethically in a range of settings. Over the course of the year we want interns to develop their professional identity, confidence in their



clinical skills, awareness of areas they will need further training and consultation, and ultimately be able to practice independently in an entry-level position as a newly minted psychologist. The ability to practice independently is important because in many states, such as Utah, psychology licensing is possible after completing the internship and EPPP. We hope to facilitate exploration of various career paths as well as personal and professional growth.

The internship experience extends and integrates the training received in the intern's academic program. The internship is designed to offer a broad range of experiences to develop these core professional competencies.

## COVID RELATED CHANGES

In order to protect your health and the health of our staff all interviews will be completed 100% virtually and no in-person visits will be offered. We will be offering a couple of virtual open houses where you will meet with the Training Director and clinical supervisors in small groups to talk about the internship program and rotations. While we are hopeful for a return to normal operations during the 2021-2022 training year, should we remain under an emergency order we will continue to have adaptations in our training according to best practices based on guidance from APA, CDC and the VA.

we have suspended all the rotations that could not be reasonably well adapted to telehealth such as the Inpatient Psychiatric Unit, Inpatient Addiction Treatment and Neuropsychological Assessment. All clinical and training activities are conducted remotely. Interns have the option to use a private office at the VA to conduct telehealth sessions only. Interns may opt to meet with their supervisors in-person if it is helpful for their training, their supervisor is comfortable with meeting that way, and if the meeting can be done with social distancing and using current PPE guidelines.

Rotations that have been affected and may or may not be offered next year due to COVID are listed in a separate section from the other rotations that we are offering now and plan on continuing to have available for next year as well.

## INTERNSHIP TRAINING STRUCTURE

### Tour of Duty

The usual tour of duty is 8:00 – 4:30PM, although some training experiences may involve a different tour of duty (e.g., 12:30PM – 9:00PM) due to scheduled program activities or other factors. Changes to interns' regular tour of duty must be requested via email and approved by Training Director (TD).

### Training Plans

Interns will work with the TD/ATD to create and regularly review a written training plan to identify their training goals over the training year and across their different rotations. As part of this training plan, there will be a single over-arching competency evaluation to aggregate data and feedback from their rotations at the start of the year, and this single plan and evaluation will be used to determine the interns have met the standards for successful completion.. The training plan will be modified throughout the year based on the intern accomplishing goals and developing interests, training needs, competency levels, and supervisor feedback and recommendations. Interns are likely to focus on specific aspects of

their plan during a rotation, instead of trying to have a rotation meet all of their training needs and goals.

The sections for the training plan include:

#### **Career Goals**

- This section lists current career goals, including, if relevant, the goal of clarifying career options and goals.
- Interns may identify general areas of clinical practice they are considering and/or trying to decide between.

#### **Personal & Professional Growth Goals**

- Identify goals relating to developing personally and professionally, in addition to the goals relating to clinical practice.

#### **Experience Goals**

- This section is used to identify experience goals for the year—these are the experiences they would like to have over the course of the year not a list of rotations. For example, interns may want to gain experience in different settings, with different patient populations or presenting issues, working with different diagnosis, or get experience providing different kinds of treatment or assessments.
- The intern roles can provide an additional area they can use to gain specific experiences relative to their goals. The current roles are Chief Intern, Diversity and Inclusion Champions, and Interprofessional Training Coordinators. Interns identify a projects or area of focus for these roles based on their goals and desired experiences. Generally, the Chief Interns will work on projects relating to leadership, and the intern in the other roles will work on projects relating to the nature of the role.

#### **Rotation Plan**

- List of rotations organized by training needs, wants and preferences initially. Once specific rotations are identified that list will supersede the initial list.
- This section identifies experiences on different rotations to meet the above goals and lists more specific competency goals for each rotation.

#### **Competency Goals**

- These are over-arching goals relating to the nine core competencies that can be assessed and developed across multiple rotations.

Interns will complete two 6 month “CORE” rotations, one in psychotherapy and the other in assessment. Interns will also complete 3 “ELECTIVE” rotations, each lasting 4 months.

## **Rotations**

### **Core & Elective Rotations**

The following is an example of what a possible internship year at the SLC VA might look like:

### Core Rotations 6 Months Each:

Psychological Assessment	Psychotherapy: Oupt MH
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### Elective Rotations 4 months each:

Addictions Inpt Unit	Med Psych	Inpt Unit
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Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
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In keeping with the generalist emphasis, all interns will split their year with six-month Core Rotations in psychotherapy and psychological assessment. For the six-month Core Psychotherapy rotation, interns will identify the population or supervisor with whom they want to work.

Supervisors in each of these tracks have expertise in different populations and treatment approaches. As such, interns have the opportunity to guide selection of their supervisor based on their preferences, professional goals, and/or "gaps" in training. For example, if an intern is looking to learn about Cognitive Processing Therapy, he/she may want to choose a supervisor on the PTSD Clinical Team (PCT). If an intern seeks further treatment experience working with couples and families, he/she may decide to choose a supervisor in General Outpatient Mental Health. VA patients tend to be complex, psychiatrically and medically, with multiple comorbidities requiring an integrated approach to treatment. As an example, interns treating military trauma while on the PCT team may also be providing couples interventions and addressing insomnia. Conversely, in General Outpatient Mental Health, the intern might be focusing on depression *and* trauma from family-of-origin. All available supervisors describe what they offer, so interns may make informed decisions about who will best meet their training needs. The supervisor selection is done at the beginning of the training year, during rotation selection.

During their core therapy rotation, interns usually have a caseload of 5-10 Veterans for psychotherapy, depending on their training needs and goals. All interns will receive exposure to various Evidence Based Psychotherapies (EBP) as offered by Veterans Affairs, regardless of which supervisor they elect. All interns will receive didactic training and exposure to EBP modalities that can include: Prolonged Exposure, Cognitive Processing Therapy, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, Social Skills Training, and Wellness Recovery Action Plans. As an example, even if an intern opts for a DBT supervisor, they will also receive training in PE, CPT, ACT, etc.

Interns on the assessment core rotation may conduct one assessment per week and attend a weekly group supervision meeting where they staff their recent assessments with supervisors and other interns on the rotation. Typically, interns will conduct neuropsychological assessments, however, they may conduct other assessments such as to clarify a diagnosis.

### Rotation Selection

Training plans will be used to guide goals on specific rotations as well as the selection of rotations. In an effort to optimize the breadth and depth of your total internship experience, we encourage you to seek out experiences with which you are not comfortable, to work with unfamiliar patient populations, and challenge yourself to add new skills to your clinical repertoire. Each supervisor may supervise differently, and they each have their own experiences and approaches to what they do. Rotation recommendations may also be based on a particular supervisor being able to assist an intern with a training goal.

Rotation selection will depend on availability, the needs of each intern, and the intern cohort's varying training needs and interests. Interns will consult with the TD/ATD for assistance determining a recommended list of preferred rotations and their sequences keeping in mind several things:

- The need to remedy any gaps in training or competency.
- Encouraging further training in areas of strong interest or intended career path.
- Balancing the overall internship year across multiple areas of practice such as health psychology, addictions, psychotherapy and assessment.
- Practical parameters such as rotations that may have meetings or required functions on certain days.
- There is great value in trying something new. Many psychologists have found their ultimate career focus after trying something in an area that they initially thought they would not like but actually turned out to be their career path.

Interns seeking a specific sequence to their training, such as wanting a rotation in the first part of the year because they are applying for a Post-Doctoral Residency, will be accommodated as much as possible.

The cohort meets with supervisors during orientation to discuss the different rotations. Interns then meet individually with the TD & ATD to review their past experiences, develop an initial draft of their training plan and identify possible rotations. Interns will submit a list of their preferred rotations and possible sequences, and the TD & ATD will review this and present options for a year-long rotation schedule to the cohort that maximizes each intern getting their preferred rotations and sequence. The cohort reviews and approves this schedule making adjustments as needed over the course of the year.

## Changing Rotations

Rotations selections and sequences are not written in stone. Approximately half-way through a rotation, interns will discuss during their individual check-in meetings possible changes. Interns that have identified a strong preference for certain rotations and/or sequences because of their training plans will have “dibs” on those rotations for the year and will not be expected to change them should another intern wish to change one of their rotations. Changes must be approved and confirmed no later than 1 month prior to the start of the next rotation unless there are extenuating circumstances such as a supervisor that becomes ill and cannot offer a rotation, or an intern is placed on probation or remediation and their training plan is changed accordingly.

The rotations offered *can change at any time* based on a number of factors such as changes in personnel, supervisor availability and leave, the overall appropriateness of a rotation, and the content and quality of the rotation experience. There is no guarantee that any certain rotation will be available at a given time. However, the TD/ADT work to maintain the stability of the available rotations and the on-going development of new rotations to maximize the available number of rotations so interns have multiple options during the initial selection process and in case of possible changes in rotations.

## Intern Roles

*"If you want to build a ship, don't herd people together to collect wood and don't assign tasks and work, but rather teach them to long for the endless immensity of the sea."*

*--Antoine De Saint-Exupery*

Interns are encouraged to take an active role in maintaining and improving the psychology training program. Interns may rotate through various roles over the course of the year as determined by the TD and cohort's training interests. The roles provide additional professional development experiences. The specific tasks or projects will be determined via discussion with the TD.

The roles are optional experiences. Interns may take on different roles over the course of the training year, and their level of involvement in their role will likely vary based on their current rotation schedules and related workloads.

During orientation, interns will identify their level of interest in the different roles, and the roles will be determined by the TD/ATD with consideration of the intern's overall training interests and the training needs of the intern and cohort. Given equal levels of interest the roles may be assigned at random.

Interns may use 2-4 hours per week of protected time for work specific to their role.

### Chief Intern & Associate Chief Intern

The Chief Intern role was created to provide experiences in leadership including program evaluation, project management, program development, leading change and learning how to accomplish goals in a large and complex organizational system. The specific duties are negotiated with the TD/ATD based on the intern's interests and available options such as on-going current projects. The Chief Intern and Associate Chief Intern will change roles at 6 months. (2-3 Interns)

The Chief Intern attends the monthly psychology service meeting. The Chief Intern is also responsible for organizing, coordinating and facilitating the weekly Peer Consultation meetings. If there are not interns in the interprofessional training coordinator role, the Chief Intern will assist in planning and coordinating the interprofessional training meeting with the pharmacy and nurse practitioner trainees.

### Diversity Training and Inclusion Advocate

For this role, interns will work with the Multicultural, Diversity and Inclusion program, and/or the psychology training program to develop or enhance diversity training, efforts to promote inclusion in the training program, or work on projects relating to outreach or advocacy. These positions may involve being a liaison to community agencies, outreach, project development and/or program evaluation. The specific duties depend on the intern's interests, experience and available projects and will be negotiated with the Training Director/Associate Training Director. (2-3 Interns)

### Interprofessional Training Coordinators

The guiding idea for this role is to identify how the training program can improve training interns, fellows and practicum students to work effectively in interprofessional teams, and to assist with implementing recommended changes. They may work with trainee representatives from other



professions, not necessarily only within behavioral health, to identify best practices in interprofessional training, develop training events and/or experiences, and recommend ways to improve interprofessional training at the SLC VA HCS. Interns in this role will help coordinate and facilitate the Interprofessional Training Meeting with the pharmacy and nurse practitioner trainees. They may attend meetings or be part of groups engaged in multidisciplinary projects or committees within the SLC VA. These positions may involve project development and/or program evaluation. The specific experience depends on the intern's interests, experience and available projects. Interns may propose projects and work with various Behavioral Health staff to complete them. (2-3 Interns)

## Schedule Planning

Generally, the schedule for a week will approximate the proportions in the table below. These ranges are general guidelines and can vary based on the intern's training plan and unique demands of different rotations. The time allocated for each rotation includes the required one-hour minimum of individual supervision, plus any meetings and any clinical time for groups or bookable patient hours. Interns may also be involved in the CPT rollout training, and they may also want to reserve protected time for projects relating to their roles.

	<b>Min</b>	<b>Max</b>	<b>% Low</b>	<b>% High</b>
Training Meetings	4.50	4.50	13%	13%
Core Rotation	12.00	15.00	34%	43%
Elective Rotation	12.00	15.00	34%	43%
Other Exp (eg CPT rollout)	3.00	5.00	9%	14%
Role	2.00	4.00	6%	11%
	33.50	43.50	96%	124%

Each supervisor will determine the minimum number of hours for their rotation by the supervisor in consultation with the TD/ATD as needed. Generally, the ranges are around 12 to 15 hours per rotations. Some rotations may require more hours based on the nature of the experience on the rotation. Supervisors will identify the minimum required hours, and they are also encouraged to work with interns to identify a recommended number of hours so that the interns have a meaningful experience. The maximum hours are identified to encourage the intern to balance their schedule and not focus too much time onto a single area relative to their overall training plan and goals.

For example, an intern headed towards becoming a provider in an outpatient clinic might choose to spend more than half their time in psychotherapy, but considerably less time doing assessment when they switch at mid-year. Ultimately, the proportions are flexible within the minimum and maximum ranges identified by the supervisors. and negotiated between the intern, supervisor and TD/ATD as noted in the following section.

## Overview of Required Meetings

### Weekly Meetings

- Group Supervision with TD/ATD Thu 11:00-12:00
- Peer Consultation Th 12:00-1:00
- Didactics Th 1:00-2:30
- Interprofessional Training Meeting F 8:00-9:00

### Monthly Meetings

- Individual Check-Ins with TD/ATD TBD
- Mental Health Grand Rounds 8:30-10:00 am 2<sup>nd</sup> Wed of the Month
- Ombud meeting 4<sup>th</sup> Thursday of the month 3:00 to 4:00

### Other Meetings/Trainings (All TBD)

- Mental Health Orientation for New Employees- September
- Evidence-Based Treatments Seminar
- Enhancing Professional Competencies Seminar
- Mid-Year Comprehensive Training Plan Review
- Psychology Internship Training Collaboration with Pharmacy Residents

## Meetings & Trainings

Training is a Priority. Please note in setting up your schedules that trainees in all of our programs are here for training and professional development. Service delivery is part of that training and development; however, didactics, training seminars, and any other educational activities take priority in your schedule, and this includes required meetings for the training program.

### Required Weekly Meetings

#### *Group Supervision*

One hour of group supervision facilitated by the TD and ATD. This supervision time is to facilitate additional professional interactions and support, and will be focused on issues relating to professional development, ethics, and the application of scholarship and research in clinical practice. In addition, there will be a focus on knowledge and skills relating to case conceptualization, particularly including multiculturalism, intersectionality and diversity into assessment and treatment. The specific plan for group supervision, including the schedule of topics or areas of focus, will be structured versus ad hoc and developed in consultation with the interns based on their interests and training needs. Interns may provide informal case presentations as part of the experience and they may also take a lead role facilitating discussions. Specific expectations and plans for the group will be developed by the TD & ATD in consultation with the cohort and clinical supervisors who may make recommendations based on training needs they have observed that would be beneficial for the cohort.

#### *Peer Consultation*

Interns meet weekly for one hour to engage in peer consultation to provide mutual professional peer support regarding challenges faced on internship, further develop collegial professional relationships and cohort cohesion, and to provide an additional venue for professional development.

#### *Didactics*

A weekly training seminar conducted by VA staff members and community professionals. The intern cohort will decide the topics and sequence. Didactics may be single events, or planned to be a series on a specific topic (eg motivational interviewing, couples therapy).

### *Interprofessional Training Meeting*

In the spirit of interdisciplinary care, the psychology interns, clinical pharmacy residents, and nurse practitioner trainees conduct weekly didactics to round out each other's knowledge of their specialties. These informal meetings feature a 45-minute discussion led by either a psychology intern or pharmacy resident on a topic salient to the clinician. The topics are decided by the group at the outset of the year and have included topics such as: antipsychotics (pharm.), CBT-I (psyc.), drug testing (pharm.), motivational interviewing (psyc.), mood stabilizers (pharm.), etc. These meetings are popular among the interns due to the collegial nature of the group, the exposure to the specialty services of different disciplines, development of interdisciplinary approaches to work in a medical center, and the delicious breakfasts that accompany the meetings.

### **Required Monthly Meetings**

#### *Check-In with TD/ATD*

Interns will meet monthly (or more as needed) on an individual basis with the TD/ATD to discuss your progress, experiences, professional development, problems or concerns, review training logs and celebrate various successes.

#### *Ombud*

Interns will meet as a cohort with the ombud monthly. The cohort may schedule additional meetings with the ombud as needed.

### **Other Required Meetings**

#### *Mental Health Grand Rounds*

This is a monthly meeting that is mandatory for all staff. Grand Rounds are from 8:30-10:00 the second Wednesday of every month in either the Multipurpose Room (Bldg. 8) or the Theatre (Bldg. 9). Emails are sent out prior to the meetings regarding the specific location. During these meetings staff receive updates on changes in the organization, and then there is a 1-hour training on various topics salient to mental health such as motivation interviewing, the impact of altitude on suicide risk factors, etc.

### **Mental Health Orientation for New Employees**

The Mental Health Orientation for New Employees is a full-day orientation to mental health services that is mandatory for all disciplines working in Mental Health. These sessions are usually held in September with the exact date TBD. Interns will learn about all of the Mental Health programs and meet many of the staff leadership affiliated with these programs.

#### *Evidence-Based Treatments Seminars*

Throughout the year, all interns can attend seminars on empirically based treatments, which currently include Acceptance and Commitment Therapy for Depression (ACT-D), Cognitive Processing Therapy (CPT), Dialectical Behavior Therapy (DBT), Motivational Interviewing for Relapse Prevention (MI), Seeking Safety, Social Skills Training (SST), and Wellness Recovery Action Plans (WRAPS). Interns will be

notified of the dates and times for these trainings and must attend at least one, though many opt to attend more than one.

### Enhancing Professional Competencies Seminar

The Geriatric Research, Education, and Clinical Center (GRECC) supports and promotes geriatric and gerontology education for allied health trainees. The purpose of these meetings is to increase the knowledge of health care professionals regarding concerns that affect our older adult Veteran population. These seminars are offered every other month. Interns are welcome to attend all of these; however, all interns must attend at least 1 of these, and at least 1 intern needs to attend each seminar.

### *Training Plan & Primary Core Competency Evaluation Reviews*

Interns will meet individually with the TD/ATD to review progress and update their training plan and Primary Core Competency Evaluation. The directors of clinical training for the intern's program will receive updates of the intern's progress at the mid-point of the year.

### *Utah Psychology Training Collaboration*

Interns and Post-Doctoral Fellows from the VASLCHCS, University of Utah Neuropsychiatric Institute (UNI), Primary Children's Medical Center (PCMC), and Utah State Hospital (USH) usually attend. Last year we had one presentation on Changes in the EPPP, and another one on starting a private practice presented by one of our former interns who is now in full-time private practice in the local community. These trainings generally occur about once every 4 months.

## EVALUATIONS

Interns are evaluated based on the level of supervision they require for each competency area identified below. They receive written evaluations at the mid-point of a rotation and at the end.

### Core Competencies

APA has identified the following core competencies and descriptors as foundational for the training of interns:

#### **Objective One: Research**

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, intern presentation, publications) at the local or hospital, regional, or national level.

#### **Objective Two: Ethical and legal standards**

Is knowledgeable of and acts in accordance with each of the following:

- The current version of the APA Ethical Principles of Psychologists and Code of Conduct.
- Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
- Relevant professional standards and guidelines.

- Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.
- Conducts self in an ethical manner in all professional activities.

### **Objective Three: Individual and cultural diversity**

- Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself.
- Demonstrates knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including direct service, consultation, training, research, and supervision.
- Demonstrates integration of awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., service, research, and other professional activities).
- Demonstrates the ability to independently apply knowledge and skill in working effectively with the range of diverse individuals and groups encountered during internship.

### **Objective Four: Professional values, attitudes, and behaviors**

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with a greater degree of independence as s/he progresses across levels of training.

### **Objective Five: Communication and interpersonal skills**

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, clients, organizations, supervisors, peers, and supervisees.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts
- Demonstrates effective interpersonal skills and the ability to manage difficult communication well

### **Objective Six: Assessment**

- Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.
- Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

### **Objective Seven: Intervention**

- Establishes and maintains effective relationships with the recipients of psychological services
- Develops evidence-based intervention plans specific to the service delivery goals



- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.
- Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

#### **Objective Eight: Supervision**

- Applies the knowledge of supervision models and practices in direct or simulated practice with supervisors, psychology trainees, or other health professionals.

#### **Objective Nine: Consultation and interprofessional/interdisciplinary skills**

- Demonstrates knowledge and communicates respect for other disciplines' roles and perspectives
- Applies knowledge and skills of consultation practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

### Rotation Evaluations

Interns are formally evaluated in writing at the mid-point of each rotation, and then again at the end. They are evaluated on the nine Profession Wide Competencies competency areas required by APA. Interns receive formal, written evaluations from their supervisors on the extent to which they are meeting internship requirements, performance expectations, progress and their current skill level on core competencies relevant to each rotation.

### Primary Core Competency Evaluation

The Primary Core Competency Evaluation is the overarching evaluation completed at the training program level, and it serves to aggregate evaluations completed at the rotation level. It is a “living document” that is updated over the course of the year by the TD & ATD using their own observations, discussions with the clinical supervisors and rotation final evaluations to determine the ratings on each of the core competency items in the Primary Core Competency Evaluation. For continuity, this is the same form used for the rotation evaluations. Ratings on their Primary Core Competency Evaluation will be established as a baseline approximately 30 to 45 days after the start of the training year in order to provide supervisors and the TD/ATD time to get to know the interns and assess their clinical skills. The intern’s Primary Core Competency Evaluation will be updated at four, six, and nine months and then finalized at the end of the year.

### Evaluation of Supervisors

Interns are encouraged to provide verbal and direct feedback to their supervisors about whether their training objectives are being met by their rotation, the supervisory process and their overall experiences on the rotation. At the end of each rotation, the intern completes the *Supervisor Evaluation Form* and then reviews this with their supervisor. Both the intern and supervisor sign the supervisor evaluation form and then email it to the TD.

# REQUIREMENTS FOR SUCCESSFULLY COMPLETING INTERNSHIP

## Required Competency Levels

The minimum required levels for program completion are based on the Primary Core Competency Evaluation and interns must achieve a rating of four or higher by the end of the year in each competency area in this evaluation to successfully complete the program. Interns that are not at this level at mid-year, but are engaged and making progress, will not be placed on a remediation or probation plan. Interns not at level four by the ninth month of the training year that do not appear to be making sufficient progress to achieve the minimum required levels by the end of the training year will be placed on a remediation plan to ensure they will be at the level needed to successfully complete the program by the end of the year. Any intern not making acceptable progress in the competency areas may be placed on a remediation plan or probation as outlined in the Remediation & Due Process Policy.

## Successful Completion of All Rotations

Interns must successfully pass all of their rotations based on criteria established with their supervisors for each rotation. Interns are encouraged to try different rotations so that they can gain depth with things they may have previous experience in, and to also try new things with rotations to help them with breadth or stretch goals, therefore the goals, expectations and experiences for each rotation are customized to each intern and their training needs.

## Professional Presentation

Interns must pass the required presentation as determined by the TD/ATD based on their evaluation of the presentation and data from the feedback forms submitted by the psychologists attending the presentation. Interns that do not meet the requirements to complete their presentation will meet with the TD/ATD to identify areas needing improvement, and then they will be afforded a second chance to present. Interns that do not pass their first attempt may be placed on a remediation plan or probation if their initial presentation does not demonstrate adequate preparation or quality determined by the TD/ATD.

## Time Requirements

To successfully complete this internship, interns must be on-site through their official end date. Interns must complete a minimum of 500 direct service hours defined as time providing direct patient care such as individual therapy, group therapy, conducting assessments or providing other clinical services directly to patients.

A year of work equals 2080 hours for a 40-hour workweek. There are 10 federal holidays, leaving the total possible hours at 2,000. As a Federal Employee in the first leave category interns are entitled to 10

holidays (80 hours), and four hours of sick & vacation leave accrued each pay period totaling 13 vacation days (104 hours), and 13 sick days (104 hours). If an intern has previous federal service, such as serving in the military, they may be in a different leave category and earn leave at a higher rate.

Interns are encouraged to use their annual leave and sick leave as needed. However, taking all of the possible leave results in being off work for 208 hours, leaving the total hours at the end of the year at 1,792. Interns will closely monitor their total hours so that they complete a **minimum of 1,850 total hours on-the-job** working in order to successfully complete the internship. Time on annual or sick leave does not count toward on-the-job hours. In order to meet this standard, including federal holiday time when interns do not work, interns need to use a combination of annual and sick leave for less than 150 hours total.

Interns need to consider that for licensing, the minimum hours required is not the same for all states. Some states require 2,000 hours on-the-job as their minimum. Interns not meeting that standard for a particular state may find it difficult or impossible to be licensed in that state. Therefore, interns are **highly encouraged** to work toward completing 2,000 hours minimum on-the-job.

While interns are encouraged to use their leave, and to work toward maintaining a healthy work-life balance by the training program, the reality is that interns typically work between 42 to 45 hours per week in order to maximize their experiences during the internship year. Part of the professional development during the internship year is learning to balance workload with goals and professional obligations. One upside to the range for the average hours worked by interns exceeding 40 hours is that they earn 100 to 250 hours over the course of the year and this offsets time taken during leave so that they can complete the 2,000 hours that some states require for internship.

Administrative leave is granted for attending events that relate to the internship that require the intern to be away from the VA. For example, administrative leave is granted for attending conferences, workshops in the community, or for the day the intern is defending their dissertation. Administrative leave cannot be granted for days that are travel days to and from an event, this time must be taken as annual leave if it occurs during the intern's regular tour of duty. Administrative leave counts as time on the job since the intern is engaged in a work related activity. Administrative leave is requested via email to the TD and then entered into VATAS.

Although interns are allowed to be at the Medical Center after hours or on weekends, direct patient care activities are not allowed when a supervisor or licensed provider designated by the supervisor as a back-up is not physically present at the medical center.

## Evaluations and Minimum Passing Criteria

There must be clinical supervisor and Training Director consensus that an intern is able to practice ethically with their skills at the proficiency level of an entry level psychologist by the end of the internship year.

At the midpoint of the year, interns should be rated as making satisfactory progress towards achieving a "Needs Occasional Supervision" rating across all competency objectives, or by obtaining "Needs Regular Supervision" or higher on all competency items, with a plan for their reaching competency by the end of internship and be in good standing with the training program (e.g. not on probation or a remediation plan). Interns must have successfully completed all required training activities such as their presentation. Interns must complete 500 hours of direct clinical service.

## Formal Presentation

Being able to provide a formal professional presentation, such as a job talk or presentation at a conference, is an important skill for Psychologists. The model for the internship program emphasizes a scholar-practitioner model, therefore interns will identify a topic and provide a one-hour professional presentation on the topic and its application or relevance for clinical practice. The presentations must be completed before the end of June.

Interns will schedule a meeting with the TD/ATD no less than two weeks prior to their scheduled presentation and they will be ready to discuss their topic, the learning objectives, presentation methods and a general outline for their presentation.

Interns may not present on a topic relating to their dissertation or that they have previously presented on as a professional presentation including a poster session. This is to facilitate broader learning and develop skills in providing a formal presentation in addition to developing the ability to take on a new topic area, review research in that area, and then use that information to train others in its clinical application or relevance.

## CORE ROTATION DESCRIPTIONS

### Outpatient Trauma & Addiction

#### 6 Month Core Psychotherapy Rotation

**Supervisor(s): Dr. Jonathan Codell**

**Description:** This is a 6-month outpatient psychotherapy rotation focusing on the unique challenges of treating Veterans with PTSD and co-occurring addictive behaviors. The rotation is housed within the Services for Outpatient Addiction Recovery (SOAR) clinic. Interns choosing to participate in this rotation will learn how to integrate Evidence-Based Treatments for PTSD and addiction. Specifically, interns will receive training and supervision in Prolonged Exposure (PE) and/or Cognitive Processing Therapy (CPT) integrated with relapse prevention, motivational interviewing, and group process approaches. This rotation is offered once per year (2nd half of internship year). Rotation also includes opportunities for tiered supervision with the SOAR postdoctoral fellow.

**Rotation General Expectations:** Interns will likely work with five to six individual Veterans and are expected to complete individual PE or CPT with at least two Veterans during the course of the rotation. Interns will also provide care coordination for these Veterans during this same period. While not a requirement, given the added clinical complexity of Veterans seen on this rotation, prior training in PE and/or CPT is a plus.

Interns will also be expected to co-facilitate the Recovery from Trauma & Addiction group each week. This group is held from 4-5pm on Tuesdays. Interns are not expected to work extra hours to attend this group but instead are encouraged to flex their schedule to allow for attendance (e.g., starting later one morning each week or leaving early one afternoon). The group is designed to provide an added layer of support for Veterans with addiction who are concurrently engaging in EBTs for PTSD. For interns with an interest in additional group experience, opportunities will be available to co-facilitate the Mindful Recovery group as well as the participation with the Intensive Outpatient Program (IOP). While these groups are not exclusive to Veterans with PTSD, they are unique interventions for the hospital and often include Veterans with co-occurring PTSD and addiction.

Interns on this rotation will also complete at least one SUD psychosocial intake per week. Completion includes a chart-review, 90-minute interview focused on the Veteran's history of addictive behaviors and associated MH concerns, case conceptualization, and timely report write-up. Interns will provide a brief case presentation per

intake to the SOAR team each week. Supervision and guidance will be provided for each intake, report, and presentation.

**Supervisor Comments:** I look forward to learning more about what you hope to get out of the rotation and how best to develop a set of experiences to match these goals. Veterans engaging in trauma and addiction programming are a challenging group to work with, yet frequently they demonstrate tremendous courage and willingness to stare down the traumas of the past and move in the direction of recovery. Through weekly 1-hour face to face supervision, review of audio recordings of individual sessions, co-facilitation of groups, and on the fly consultation, I hope to create a rotation that further develops your interest and growth in this important clinical area.

## Military Sexual Trauma & CPT (MST/CPT)

### 6 Month Core Psychotherapy Rotation

**Supervisor(s): Drs. Alison Conway & Harrison Weinstein**

**Description:** Co-facilitate the Warrior Renew Program, an intensive outpatient therapy group for female MST survivors facilitated by female clinicians; provide individual supportive therapy to women in the program; Interns will provide individual Cognitive Processing Therapy for PTSD to Veterans in the PTSD Clinic. There is also the potential for involvement in other PTSD Team activities.

**Rotation General Expectations:** Attend all Warrior Renew groups and activities (2 groups a week, Equine-Assisted Learning, other potential experiential learning activities)

Carry a caseload of individual CPT patients; Attend PTSD Clinical Team Staff Meeting (Wednesdays 9-10am)

## PTSD-DBT

### 6 Month Core Psychotherapy Rotation

**Supervisor(s): Dr. Sandy Diaz**

**Description:** This 6-month core psychotherapy rotation is a combined PTSD/DBT rotation with a focus on developing skills in or increasing proficiency in DBT skills and evidence-based treatments for PTSD, including Prolonged Exposure (PE) therapy and/or Cognitive Processing Therapy (CPT) ), as well as a phased based treatment model consisting of completion of STAIR prior to engagement in trauma processing.

Interns will have the opportunity to work as a DBT team member in a fully adherent DBT program (team meeting, phone coaching, individual and skills group). Active participation in the DBT team is a necessary component of the rotation and you will find that the team is good humored, cohesive, compassionate and dedicated to our veterans and to supporting each other as DBT staff. Learning experiences in DBT will be dependent upon your previous experience, as well as your training goals, but could include individual DBT client (s), individual skills teaching, co-facilitating the full program group and/or the DBT intro group and conducting DBT assessments.

Interns will also have the opportunity to be a part of the “largest PTSD team in the universe.” The PCT consists of several disciplines who are all committed to providing the best care possible to the veterans.

You will have the opportunity to serve veterans of all service eras, ages, and with all types of military trauma exposure (e.g., combat, MST, accidents, natural disasters, etc.).

In addition to individual therapy, interns will have opportunities to refine their skills in PTSD diagnostic assessment through our weekly open intake clinic. Finally, interns have to opportunity to participate in groups being offered by the PCT with approval of the group facilitator(s), with co-facilitation of the STAIR group strongly encouraged.



**Prefer:** Previous experience with DBT is strongly encouraged and reading of Linehan's text prior to beginning the rotation may be required. Some adjustments can be made based upon your training goals and previous experience. If you are interested in STAIR, completion of the training module which can be found on the National Center for PTSD website (PTSD.va.gov) search "STAIR."

## General Psychotherapy

### 6 Month Core Psychotherapy Rotation

**Supervisor(s): Dr. Kevin Laska**

**Description:** Interns have the opportunity to work as part of a dynamic, multidisciplinary outpatient mental health patient care team (BHIP Team 2), delivering psychotherapy to Veterans with an array of presenting concerns and diagnostic co-morbidity. This rotation provides interns a deep dive into psychotherapy practice and the research supporting our practice, with someone who has a strong background in this area. In addition, interns will have the opportunities to gain introductory experience in a DBT skills group, to participate in program development in measurement-based care (MBC), and to strengthen intervention skills with a supervisor well-versed in psychotherapy research.

**Rotation General Expectations:** Interns will carry a caseload of 8-10 Veterans for psychotherapy. They are expected to attend weekly team meetings.

**Supervisor Comments:** I have a strong background in psychotherapy research, measurement-based care, and DBT. Under the umbrella of the general core psychotherapy rotation, interns will have the opportunity to gain introductory experience in a DBT skills group, possible program development in MBC and strengthen intervention skills with a supervisor well versed in psychotherapy research.

## PTSD Clinical Team- Psychotherapy

### 6 Month Core Psychotherapy Rotation

**Supervisor(s): Dr. Cicely Taravella**

**Description:** The aim of this 6-month core psychotherapy rotation is to develop proficiency in evidence-based treatment of PTSD, including Prolonged Exposure (PE) therapy and/or Cognitive Processing Therapy (CPT). Interns have the opportunity to work as part of a large, caring, and enthusiastic PTSD Clinical Team (PCT), founded over two decades ago, with an ongoing mission to facilitate Veterans' recovery from military-related PTSD. The PCT serves Veterans of all service eras, ages, and type of trauma exposure while in the military (e.g., combat, MST, accidents, natural disasters, etc.). In addition to individual therapy, interns will hone their skills in PTSD assessment. There may be groups with which interns are able to assist, and there may be opportunities for learning/using Acceptance and Commitment Therapy when the primary presenting concern for the Veteran is re-adjustment.

**Rotation General Expectations:** Interns will complete one PTSD assessment per week (a clinical interview; useful in acquiring new cases), and they will carry a caseload of 4-5 therapy cases for PE and/or CPT.

**Supervisor Comments:** I am a VA-certified provider of PE and CPT, and I've had extensive experience utilizing PE therapy with particularly complex and severe presentations of PTSD. If you haven't had prior experience with either PE or CPT, it's recommended that you pick one of the therapies to learn and practice in depth on rotation. If you do have prior experience in PE or CPT, this would make it easier to learn/hone skills in both modalities on rotation if you'd like. If you know you'd like to learn CPT, it's helpful to participate in the CPT rollout training offered at the beginning of internship year.

## General Outpatient Mental Health

### 6 Month Core Psychotherapy Rotation

**Supervisor(s): Dr. Ed Varra**

**Description:** Behavioral Health Integrative Program (BHIP) Teams are the core of outpatient mental health services at VASLCHCS. These interdisciplinary teams (Teams 1, 2, and 3) operate from a Veteran-centered, recovery model of treatment. The teams consist of psychiatrists, advanced practice nurses, psychologists, social workers, RN case managers, and peer support specialists as well as liaisons from other teams such as PTSD, Vocational Rehab, and the Homeless Program.

The team provides comprehensive mental health treatment including assessment, psychotherapy, medication management, care coordination, case management, and referral to and coordination with other VA or community resources. Interns working with psychologists on these teams will have the opportunity to provide psychotherapy to Veterans with a full range of presenting mental health and psychosocial concerns, diagnostic complexity, and co-occurring medical conditions. Interns on rotation are an important part of the interdisciplinary team and have opportunities to provide consultation to and care coordination with staff of other specialties.

**Rotation General Expectations:** Interns can expect to carry a caseload of 8-10 Veterans for individual psychotherapy and may have opportunities to co-facilitate psychotherapy groups. They will attend weekly BHIP team staff meetings.

## CORE ROTATIONS IMPACTED BY COVID

These core rotations may or may not be offered for the 2021-2022 year based on guidance relating to COVID and face-to-face patient care.

### Neuropsychological Assessment 6 Month Core Assessment Rotation

**Supervisor(s): Drs. Pat Miller, Janet Madsen & John Hecker**

**Description:** Assessments are frequently requested by VASLCHCS providers to assist with diagnostic questions and patient management issues. Common referral issues include questions about medical decision-making capacity, dementia vs. depression, cognitive disorders due to traumatic brain injury or other medical conditions. Interns will be trained in the administration, scoring, norming, and interpretation of various instruments. After an initial training period, which varies depending on the level of assessment experience within an intern cohort, interns generally conduct weekly psychological assessments using a variety of common instruments and differential diagnosis of neuropsychiatric conditions (e.g., multiple sclerosis, anoxia, and stroke).

All interns receive extensive didactic training in the administration, scoring, and interpretation of psychological instruments. Interns will also receive weekly individual supervision with an experienced psychologist. Supervision focuses on each aspect of the evaluation process, including referral information, presenting complaints, background history, interview and observations, testing and normative data, differential diagnosis, and recommended interventions. In addition to the individual supervision, interns also participate in weekly group supervision. Interns present their cases and provide feedback to each other in the process.

**Rotation General Expectations:** Interns conduct weekly neuropsychological assessments using a variety of common instruments and including differential diagnosis of neuropsychiatric conditions (e.g., multiple sclerosis, anoxia, and stroke). On weeks in which interns do not have cases to present, they will present on a topic related to neuropsychological assessment, neurocognitive disorders, or related topics.

**Supervisor Comments:** Plan for around 4-5 hours per week for testing and approximately 4 hours per week to write reports.

## Residential SUD-PTSD Dual Diagnosis (SARRTP Track B)

### 6 Month Core Psychotherapy Rotation

**Supervisor(s): Dr. Jacek Brewczynski**

**Description:** VASLCHACS has a 15-bed Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). SARRTP offers rotation experiences in both traditional substance abuse (Track A, 3-month elective rotation) and a specific track for comorbid Post-traumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) (Track B, 6-month Core Psychotherapy rotation).

"SARRTP Track B" with Dr. Brewczynski is a 6-month, core psychotherapy rotation that focuses on providing Evidence Based Treatment (EBT) for comorbid SUD and PTSD, including Prolonged Exposure (PE) Therapy and Cognitive Processing Therapy (CPT).

Interns are additionally provided training in various aspects of services offered on a residential unit to substance abuse populations, including individual and group psychotherapy within the residential treatment program.

There are several EBTs for substance use disorder (SUD) and MH conditions that are being offered on SARRTP that interns will learn about during this rotation, such as Motivational Enhancement Therapy (MET), Relapse Prevention, and Interpersonal Therapy for Depression (IPT-D). While the focus of the rotation is on learning about and conducting Prolonged Exposure (PE) Therapy for PTSD for dual-diagnosis patients, SARRTP Track B rotation offers excellent training in provision of services on residential SA unit.

**Rotation General Expectations:** Interns learn how to conduct PE (or CPT if interested and desired) for dual-diagnosis SUD-PTSD patients on SARRTP. Interns are required to complete 2 cases of EBT for PTSD during this rotation and to co-facilitate the weekly Track B Process Group (Thu at 11:00). Interns are required to provide substance abuse interventions for residents at SARRTP.

Interns also have an opportunity to learn about and conduct PTSD Intake Assessments for the SARRTP residents as part of this rotation. Typically, interns conduct between 1-2 such assessments during the rotation. There are opportunities for brief neuropsychological assessment evaluations (based on need).

**Supervisor Comments:** SARRTP is an excellent training environment to learn about the daily workings of the residential rehabilitation services unit. It is a challenging environment that requires tolerance for ambiguity and interpersonal skills to function effectively on an multidisciplinary team. One aspect of this rotation is that interns must be available daily (in person or on the phone) and that they are willing to be flexible with their schedule (yes, there are times you may need to stay after hours though if that happens provisions will be made to adjust your schedule the following day). But overall, you will be working with some of the most committed and skilled clinicians (who are also fun to get to know).

## ELECTIVE ROTATION DESCRIPTIONS

### PCMHI

**Supervisor(s): Drs. Amanda Kutz & Janet Madsen**

**PCMHI Description:** This is a 3-month elective rotation aimed at providing an introduction to primary-care mental health integration within the VA. The rotation will focus on introducing and developing skills in consultation with primary care providers. In addition, brief, problem-focused, solution-orientated therapy is provided within the PC-MHI clinic. There will likely be opportunities for treatment of both mild-moderate general mental health problems (e.g., anxiety, depression) as well as behavioral medicine cases (e.g., insomnia, diabetes adherence).

Interns will have the opportunity to work as a member of the PCMHI team. Interns will work collaboratively with members of the primary care team (e.g., attending physicians, residents, interns, NPs, PAs, nurse case managers) to enhance treatment of medical and psychological problems presented by clinic patients. Interns will field consults from members of the primary care team, conduct brief, targeted behavioral health assessments with primary care patients, and triage veterans to the appropriate level of care. Interns will also carry a small caseload of brief therapy patients which will be assigned based on prior experience and intern interest. Interns may participate in observing or co-leading CBT-I group depending on interest, experience and ability to do so within schedule.

**Rotation General Expectations:** The intern will have exposure and basic competency in fielding consults from primary care providers, conducting brief assessment/triage and providing brief therapy in PCMHI by the end of the rotation.

## Pain Psychology

**Supervisor(s): Dr. Amber Martinson**

**Description:** Interns can expect to provide inpatient medical consultation and to provide pain treatment through primary care and women's clinic. The rotation will consist of a combination of experiences with Inpatient Mental Health Consult Team & Women's Clinic Chronic Pain Program.

### Inpatient Mental Health Consult/Liaison Team (MH Consult)

The Mental Health Consult Team is an interdisciplinary team consisting of Psychology, Psychiatry, Clinical Pharmacy and trainees from several other rotating mental health and medical disciplines. This team provides mental health services to patients within inpatient medical settings, including Acute Medicine, Surgery, Neurology, Telemetry, Dialysis, and Intensive Care Units by utilizing a consultation/liaison model. Common referral issues include medical decision-making capacity, cognitive functioning, adjustment to illness, evaluation/management of psychiatric symptoms (e.g., depression, anxiety, psychosis), and substance abuse/detoxification.

### Women's Clinic Pain Management Program

Interns will have opportunities to work collaboratively with the Women's Clinic to help implement a pain management program. Interns may be involved in co-leading an orientation class in which a holistic approach to pain management is discussed. Interns may also conduct evaluations for pain patients as needed and assist with a 6-week CBT for chronic pain group.

## Whole Health Mindfulness Center

**Supervisor(s): Dr. Brandon Yabko**

**Description:** The Mindfulness Center is an important component of the VHSLC Whole Health Flagship Site initiative. The Center aims to provide and to support front-line staff who are providing mindfulness-based interventions (MBIs) throughout the facility, to expand the availability of MBIs for Veterans and staff, to conduct research regarding the effectiveness of new and existing MBIs, and to train staff to provide mindfulness interventions.

Interns will learn about, practice, and lead mindfulness interventions. There are many mindfulness and compassion groups which interns can choose from to meet their training needs. This rotation is primarily group based but for those who choose the 6 month rotation, there will likely be a small individual caseload. I will be the primary supervisor who meets weekly with interns. However, interns will have the opportunity to work with our other staff that include psychologists, social workers, psychiatrist, and a dietician. Groups that interns may co-lead

and/or lead are Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Therapy (MBCT), Mindful Self-Compassion, Foundations of Mindfulness, MC Maintenance Group, and MC Orientation.

*May be offered as a core rotation as well as an elective.*

**Rotation General Expectations:** We offer a 6-month core psychotherapy rotation and a 3-month elective rotation. Interns will learn about, practice, and lead mindfulness interventions. There are many mindfulness and compassion groups from which interns can choose to meet their training needs. This rotation is primarily group-based with 3 to 4 individual slots for mindfulness training. For those who choose the 6-month rotation, there will be the opportunity to work individually with Veterans utilizing mindfulness, compassion, and ACT principles, as well as take on a larger role in the mindfulness groups.

In addition to Dr. Yabko, interns will have the opportunity to work with the clinical dietician and/or an LCSW to co-lead groups they may be teaching (e.g., MB-EAT, Intro classes, SAR RTP group).

**Supervisor Comments:** Interns can participate in program evaluation and research if interested and if approved by the Psychology Training Director. Interns will both co-facilitate groups with me and have groups in which they will lead on their own or with another intern. This is a great way to learn the material without having your director supervisor in the room. They may have the opportunity to join us on a mindfulness retreats for Veterans. Interns may also have the opportunity to provide in-services and other trainings to staff throughout the hospital in the area of mindfulness (e.g., overview, resiliency training, incorporating mindfulness into different clinics). Additionally, if interested in teaching, there may be opportunities to provide a didactic series to psychiatry residents.

## PTSD Intensive

**Supervisor(s): Dr. Harrison Weinstein**

**Description:** As part of the PTSD Clinical Team (PCT), interns on this rotation will learn to conduct short-term (e.g., daily for 3 weeks) manualized psychotherapy for Veterans with military service-related PTSD. Interns will have the opportunity to provide individual Cognitive Processing Therapy to these Veterans. Research possibilities exist on this application of modified evidence-based psychotherapy. Interns also have the option to conduct intake assessments in the PTSD open intake clinic.

**Rotation General Expectations:** Interns are expected to carry a caseload of 2-3 patients that they see on a daily basis for 3 weeks and are expected to actively participate in weekly supervision.

**Supervisor Comments:** This rotation is available as a 3- or 6-month rotation. In order to participate in this rotation, interns must complete the CPT rollout training offered at the beginning of the internship year. This rotation is only offered in the second half of the year.

## SOAR Elective

**Supervisor(s): Drs. Jonathan Codell, Caitlin MacKay, Jessica Farrar & Heather Pierson**

**Description:** This is a 3-month outpatient psychotherapy rotation focusing on the unique challenges of treating Veterans with PTSD and co-occurring addictive behaviors. The rotation is housed within the Services for Outpatient Addiction Recovery (SOAR) clinic. Interns choosing to participate in this rotation will learn how to integrate Evidence-Based Treatments for PTSD and addiction. Specifically, interns will receive training and supervision in Prolonged Exposure (PE) and/or Cognitive Processing Therapy (CPT) integrated with relapse prevention, motivational interviewing, and group process approaches. This rotation is offered once per year (2nd half of internship year). Rotation also includes opportunities for tiered supervision with the SOAR postdoctoral fellow.



**Rotation General Expectations:** Interns will get exposure to addiction assessment, group facilitation, and individual care coordination and therapy in the context of a collaborative interdisciplinary team. The depth of the experience will in part depend on previous experience in addiction treatment settings and can be adjusted accordingly.

Additional specific experiences that may be part of the rotation depending on supervisor and availability across trainees include trauma and addiction specific treatment experience, health psych and addiction assessment and treatment, intensive outpatient programming, leadership exposure and program development experience, and brief individual therapy.

Interns on this rotation will also complete at least one SUD psychosocial intake per week. Completion includes a chart-review, an interview focused on the Veteran's history of addictive behaviors and associated MH concerns, case conceptualization, and timely report write-up. Interns will provide a brief case presentation per intake to the SOAR team each week. Supervision and guidance will be provided for each intake, report, and presentation.

**Supervisor Comments:** Although you will have a primary supervisor on this rotation, you will have the opportunity to work with other clinicians on the team through observation and co-facilitation of groups.

## Brief Therapy/Diversity & Inclusion Training Project

**Supervisor(s):** Dr. Ben Swanson

**Description:** Interns will provide brief therapy for individuals and possibly couples via telehealth. While EBT's are valued, some interns may not have much experience with providing brief therapy (10-12 sessions). We'll work on ways to quickly build a therapeutic relationship, as well as conceptualization and treatment planning from a brief therapy framework. Diversity & Inclusion Training Project: interns will use part of their time in this rotation to work on a project, event or experience relating to diversity training. The specific focus for this rotation will be negotiated based on the intern's interests and current projects that may already be underway. For example, an intern in the 2020-21 cohort developed and presented a one-hour training for clinical teams to help them create more inclusive meetings.

## ELECTIVE ROTATIONS IMPACTED BY COVID

### Geriatric Assessment Clinic

**Supervisor:** Dr. Janet Madsen

**Geriatric Assessment Clinic Description:** Assessments are frequently requested by VASLCHCS providers to assist with diagnostic questions and patient management issues. Common referral issues include questions about medical decision-making capacity, dementia vs. depression, cognitive disorders due to Traumatic Brain Injury or other medical conditions. Interns will be trained in the administration, scoring, norming, and interpretation of various instruments. After an initial training period, which varies depending on the level of assessment experience within an intern cohort, interns generally conduct weekly psychological assessments using a variety of common instruments. (e.g., multiple sclerosis, anoxia, and stroke) and differential diagnosis of psychiatric conditions.

**Rotation General Expectations:** PCMH: The intern will have exposure and basic competency in fielding consults from primary care providers, conducting brief assessment/triage and providing brief therapy in PCMH by the end of the rotation. Gero Assmt: attend weekly gero assessment clinic, conduct 1-2 brief assessments, including in-depth chart review, and provide written report of results.

### Home Based Primary Care (HBPC)

**Supervisor(s):** Dr. Lauren Masuda

**Description:** The Home Based Primary Care (HBPC) Program is an interdisciplinary outpatient service that provides comprehensive, interdisciplinary primary care in the homes of Veterans with complex medical, social, and behavioral conditions for whom routine clinic-based care is ineffective.

**Rotation General Expectations:** Responsibilities of the intern on this team include: Screening, assessment, diagnosis, and treatment of Axis I conditions. Assessing and providing treatments for subclinical symptoms of dysphoria and anxiety, bereavement, adjustment difficulties, and excessive drug use. Providing services to caregivers of Veterans served by HBPC. Performing capacity assessments when there are questions about a patient's ability to make medical decisions, perform other specific functions, or live independently. Represent psychology during interdisciplinary team meetings.

## Inpatient Psychiatry

**Supervisor(s):** Drs. Jo Merrill & Rich Weaver

**Description:** This 30-bed Inpatient Psychiatry program delivers crisis-oriented services to patients with a wide range of presenting problems. The patient population represents all adult age groups and a variety of diagnoses. Interns are assigned to one of four multidisciplinary treatment teams, each of which develops treatment plans in cooperation with the patients. Common activities for the intern include: individual therapy, comprehensive psychological assessment, and process and psychoeducational groups.

IPU has a strong commitment to training. Students from each of the MH disciplines (Psychiatry, Psychology, Social Work, and Nursing) rotate through the unit. Unless interns have considerable inpatient psychiatry experience, we encourage interns to consider this rotation as the supervised experience is something few interns have had in practicum setting.

**Rotation General Expectations:** Psychology interns play an active role on the unit and have considerable freedom in choosing diagnostic and treatment activities that fit their interests.

Some options include: Administration and interpretation of a range of assessment instruments, including personality, objective, and neuropsychological screening instruments. Individual psychotherapy. Yalom-based group therapy, DBT skills training groups, Insomnia group, rec therapy. Interdisciplinary Team consultation. In-service training programs from other discipline. Observation of psychiatric procedures such as electroconvulsive therapy (ECT)

**Supervisor Comments:** While Dr. Weaver & Dr. Merrill will each be the primary supervisor for 1 intern, they share supervising both interns so there is a great deal of interaction with both supervisors.

## Police and Public Safety

**Supervisor(s):** Dr. Brian Partridge

**Description:** Interns will have the opportunity to first observe, and then later conduct pre-employment clinical interviews with police officer candidates. Interns will also learn to interpret a battery of personality and intelligence assessment data (i.e., the PAI, MMPI-2-RF, CPI, and Shipley) using a pre-employment lens. Interns will learn to synthesize the data to allow a picture of the candidate to emerge. In this way, interns will be learn to write reports that communicate with police agencies to say, "this is the candidate you will be hiring, including the red flags, possible learning/training styles, and career-related strengths."

This can be an opportunity for interns to gain experience working with police officers, fire fighters, dispatch, and EMT personnel. There will likely to exposure to fitness for duty evaluations and critical incident debriefings for interested interns. Further, this rotation will provide interns with an in-depth understanding of personality assessments above and beyond looking for clinically-significant scales.

**Rotation General Expectations:** Will be negotiated with each intern based on their experience and training needs.

**Supervisor Comments:** This is a small yet busy agency, and Dr. Partridge will try to personalize the training experience to meet the intern's training needs. There is a great deal of interaction with Dr. Partridge on a daily basis, and interns will have a lot of opportunity to have questions answered.

## TRAINING STAFF BIOS & FUN FACTS

### Thomas Aikins, PhD

Rotation Supervised	Core in Outpatient Psychotherapy – General Mental Health (BHIP)
Graduate Training Program(s)	PhD, Counseling/Clinical Psychology – University of Utah
Internship	VA Salt Lake City Health Care System
Areas of Interest & Expertise	Affective Disorders, PTSD, Chronic Pain, Former Prisoners of War, and Couples Communication/Marital Therapy
Fun Facts	Psychology does not define me. I am a full-time grandfather to nine budding personalities. I am an avid cyclist, mostly in the warmer months. I am also likely to introduce myself as a landscape artist (oils), since this is also an Elective love of mine [we all know that reaction we get when we introduce ourselves as "Psychologist"]. I have my own studio, website, and galleries where my work can be seen and hopefully sold. I have been fortunate to paint in multiple foreign countries and the "travel bug" could easily overwhelm my bank account.
Email	<a href="mailto:thomas.aikins@va.gov">thomas.aikins@va.gov</a>

### Heather Black, Psy.D.

Rotation Supervised	SARRTP
Graduate Training Program(s)	Psy.D., Clinical Psychology – Azusa Pacific University
Internship	VA Salt Lake City Health Care System
Areas of Interest & Expertise	Co-morbid diagnoses of SUD & PTSD, Crisis Interventions, Suicide Prevention, Acceptance and Commitment Therapy, Forgiveness, and DBT. I love working in the group setting and am passionate about integrating families into treatment.
Fun Facts	My life before psychology included working in reality television for MTV and traveling around the world as a photojournalist in conflict regions. Now, I spend my free time with my two sons and husband

snowboarding, camping, fishing, and helping him run his food truck company. I came here for internship and never left...this place has a way of doing that to you, so apply at your own risk!

Email [heather.black1@va.gov](mailto:heather.black1@va.gov)

### Jacek Brewczynski, PhD

Rotation Supervised	Core Psychotherapy “Track B for dual-diagnosis” at SAR RTP
Graduate Training Program(s)	PhD, Clinical Psychology – University of Detroit
Internship	Internship: Tampa VAMC Postdoctoral fellowship: PTSD & Polytrauma, VASLCHCS
Areas of Interest & Expertise	Psychological interventions for veterans with co-morbid diagnoses of SUD & PTSD; psychological & neuropsychological assessment; transpersonal interventions, such as meditation and forgiveness
Fun Facts	I own a keyboard, a set of martial arts weapons, and a subscription to chess.com
Email	<a href="mailto:jacek.brewczynski@va.gov">jacek.brewczynski@va.gov</a>

### Jonathan Codell, PhD

Rotation Supervised	Psychotherapy Core rotation in Trauma & Addictions – Services for Outpatient
Graduate Training Program(s)	PhD, Counseling Psychology – University of Utah, Salt Lake City
Internship	VA Salt Lake City Health Care System; Postdoctoral fellowship: PTSD/SUD-New Mexico VA Health Care
Areas of Interest & Expertise	Cognitive Processing Therapy, Prolonged Exposure, Mindfulness-Based Relapse Prevention, Acceptance and Commitment Therapy, forgiveness and recovery, and cross-cultural mental health interventions and outcomes. I also have a strong interest in measurement-based care, longitudinal data analysis, program development and evaluation.
Fun Facts	I completed my undergraduate in Vienna Austria, was a Peace Corps Volunteer in Uzbekistan, and landed in Utah for love of the desert and mountains.
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## Alison Conway, PsyD

Rotation Supervised	Military Sexual Trauma/PTSD and Warrior Renew
Graduate Training Program	PsyD, Clinical Psychology – Pepperdine University
Internship	VA Loma Linda Healthcare System
Postdoctoral Fellowship	PTSD and Polytrauma, VA Salt Lake City Health Care System
Areas of Interest & Expertise	Military Sexual Trauma, PTSD and Complex Trauma, Evidence-Based Treatments for PTSD (Cognitive Processing Therapy and Prolonged Exposure), Moral Injury, Acceptance and Commitment Therapy, and Equine Therapy/Equine-Assisted Learning. I love group therapy, especially with MST survivors.
Fun Facts	Since moving to Utah, I've learned to love hiking and tolerate winter. In my free time, I like to hunt for mid-century modern furniture at random antique stores and flea markets, read, and bake (and eat!) sweets. I'm really good at Jeopardy and make an excellent trivia teammate. My future goals include taking cake decorating classes and floating in the Great Salt Lake.

## Christina Derbidge, PhD

Rotation Supervised	Rehabilitation Psychology
Graduate Training Program(s)	University of Washington
Internship	VA SLC Health Care System
Areas of Interest & Expertise	Rehabilitation psychology, adjustment to disability, psychological aspects of chronic illness and neurologic conditions (e.g., spinal cord injury, stroke, TBI, etc.), hospital based inpatient and outpatient consultation/psychological interventions, assessment, evaluation and treatment of somatoform/conversion disorders, and family/caregiver intervention. I also have specialty training in personality disorders, suicide prevention, Motivational Interviewing, and third wave interventions (e.g., Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Functional Analytic Psychotherapy). Research interests are biopsychosocial factors influencing emotional dysregulation, adjustment to disability, and health outcomes.
Fun Facts	I have a lot of normal interests, but the more unusual one is my dedication to science fiction - books, TV, you name it!

Email [christina.derbidge@hsc.utah.edu](mailto:christina.derbidge@hsc.utah.edu)

### Sandy Diaz, LCSW, PsyD

Rotation Supervised	Psychotherapy core rotation in PTSD and DBT
Graduate Training Program	PsyD, Clinical Community Psychology-University of La Verne; MSW-Arizona State University
Internship	VA Long Beach Healthcare System
Postdoctoral Fellowship	PTSD, VA Salt Lake City Health Care System
Areas of Interest & Expertise	PTSD, coping, emotional dysregulation, valued living, achieving a life worth living, suicide prevention
Fun Facts	I am a lover of music, concerts, fast cars, driving fast, being outside, sand dunes, the sunshine, the snow, animals, good food and a properly made gin basil smash. One of my secret fantasies is to have a large piece of land and take care of rescue animals. My long term goal is to retire early and travel the world in search of a lovely foreign town in which to settle and run a small café/bar with my partner.
Email	<a href="mailto:Sandra.Diaz@va.gov">Sandra.Diaz@va.gov</a>

### Lauren Masuda, Psy.D.

Rotation Supervised	Home Based Primary Care
Graduate Training Program	Psy.D., Clinical Psychology, Baylor University
Internship	VA Salt Lake City Health Care System
Postdoctoral Fellowship	VA Salt Lake City Health Care System, Integrated Primary Care Health Psychology- Geropsychology Track
Areas of Interest & Expertise	Geropsychology, dementia evaluation and management, neuropsychological assessment, caregiver intervention, insomnia, trauma reactions in later life
Fun Facts	I enjoy hiking, getting 10,000 steps per day, traveling, playing golf (poorly), hanging out with my miniature Australian shepherd, and trying new restaurants/tracking down my favorite food trucks

Email [Lauren.greenberg2@va.gov](mailto:Lauren.greenberg2@va.gov)

### John Hecker, Psy.D.

Rotation Supervised	Neuropsychological Assessment
Graduate Training Program	Psy.D., Clinical Psychology – Regent University
Internship	Erie Psychological Consortium, Erie, PA
Postdoctoral Fellowship	Northshore Neurosciences - Clinical Neuropsychology
Areas of Interest & Expertise	Understanding brain-behavior relationships through neuropsychological and psychological assessment; evaluating neurocognitive disorders in adults and geriatrics including dementia, traumatic brain injury, stroke, seizure; competency evaluation; malingering/effort testing.
Fun Facts	In addition to spending time with my family, I enjoy the outdoors, going to the movies, continental philosophy, ancient alien theory, and Florentine cannoli.

Email [John.Hecker@VA.gov](mailto:John.Hecker@VA.gov)

### Kevin Laska, PhD

Rotation Supervised	Core in Outpatient Psychotherapy – General Mental Health
Graduate Training Program	University of Wisconsin-Madison
Internship	Bedford VA Medical Center
Postdoctoral Fellowship	
Areas of Interest & Expertise	Psychotherapy research, common factors of psychotherapy, measurement based care, supervision
Fun Facts	I was involved at Boston Improv before moving out to Salt Lake City. Yes!...and my colleagues say I have a strange obsession with strength training and kettlebells. I may or may not be known for demonstrating to co-workers how to do a kettlebell swing in-between sessions.

Email [Kevin.Laska2@va.gov](mailto:Kevin.Laska2@va.gov)

### Janet Madsen, PhD

Rotation Supervised	Core Rotation in Psychological Assessment
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Graduate Training Program	PhD, University of Utah
Internship	VA Salt Lake City Health Care System
Areas of Interest & Expertise	Neuropsychological Assessment, Evaluation for Spinal cord stimulator implant, Cognitive Disorders, TBI, Polytrauma.
Fun Facts	I have a large family of adult children and 20 grandchildren (so far). I love to garden in the summer and enjoy caring for my cats. I love baroque music and the local culture.
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### Amber Martinson, PhD

Rotation Supervised	Medical Psychology
Graduate Training Program	PhD, Clinical Psychology, University of Maine
Internship	VA Salt Lake City Health Care System
Postdoctoral Fellowship	VA Salt Lake City Health Care System, Integrated Primary Care Health Psychology
Areas of Interest & Expertise	Biological correlates of trauma/stress, chronic pain, coping with life-limiting illness, neurocognitive disorders. I adhere to a biopsychosocial approach within a cognitive-behavioral framework.
Fun Facts	I enjoy skiing, hiking, running, visiting Maine, and spending time with my family. Guilty pleasures include watching celebrity gossip shows (e.g., TMZ), eating chocolate, and avoiding vegetables.
Email	<a href="mailto:Amber.Martinson@va.gov">Amber.Martinson@va.gov</a>

### Caitlin MacKay, PsyD

Rotation Supervised	Elective in Services for Outpatient Addiction Recovery (SOAR)
Graduate Training Program	Combined-Integrated Program in Clinical and School Psychology James Madison University
Internship	Riverbend Community Mental Health Center Adult Integrated Primary Care Track
Postdoctoral Fellowship	Yale University School of Medicine
Areas of Interest & Expertise	Co-occurring SUD and MH treatment, Dialectical Behavior Therapy, Interpersonal therapy, Integrative Psychotherapy, action research, and beliefs and values

Fun Facts I moved to Utah 7 years ago for a temporary, 2-year position. Since then, I have really enjoyed road trips throughout the West, skiing, camping, hiking, and exploring the numerous canyons. Now with two small children, my partner, and a (very) patient herding dog, I like discovering the more local adventures and frequenting farmers markets.

Email [Caitlin.MacKay@va.gov](mailto:Caitlin.MacKay@va.gov)

### Jo Merrill, PhD

Rotation Supervised Elective in Inpatient Psychiatry (IPU)

Graduate Training Program PhD, Counseling Psychology – University of Utah

Internship VA Salt Lake City Health Care System

Areas of Interest & Expertise Inpatient psychiatry; working with a broad spectrum of acute and chronically mentally ill patients; PTSD; insomnia and nightmare management; LGBTQ veterans

Fun Facts I love Utah and can't seem to move away for long. I left graduate school in history for graduate school in psychology, as I preferred to work with the living. I'm trying to figure out the whole parenthood thing and in the meantime miss my dogs and books.

Email [tiffany.merrill@va.gov](mailto:tiffany.merrill@va.gov)

### Patrick J. Miller, PhD

Rotation Supervised Core in Psychological Assessment

Graduate Training Program PhD, Clinical Psychology – Washington State University

Internship VA Salt Lake City Health Care System

Areas of Interest & Expertise Geropsychology, Cognitive Disorders, Neuropsychology, Ethics in Health Care, Administration of Mental Health Programs and Interdisciplinary Teams.

Fun Facts Dr. Miller is the Chief of Psychology and he was the training director for 15 years, and he got his start here as an intern!

Email [patrick.miller@va.gov](mailto:patrick.miller@va.gov)

### Heather Pierson, PhD

Rotation Supervised	Elective in Services for Outpatient Addiction Recovery (SOAR)
Graduate Training Program	PhD, Clinical Psychology – University of Nevada, Reno
Internship	VA Puget Sound Health Care System, Seattle
Postdoctoral Fellowship	Palo Alto VA HCS, Substance use disorders/Homelessness
Areas of Interest & Expertise	Motivational Interviewing, Acceptance and Commitment Therapy, Mindfulness-Based Relapse Prevention, CBT Relapse Prevention, Co-occurring SUD and MH treatment, team development, program development.
Fun Facts	I love these mountains. They're great for hiking, kayaking, biking, camping, and looking for moose (which I've found about 40% of the time). My other loves include my young son and husband, both of whom provide endless entertainment with their questions and ideas; my dogs; flock of chickens; and cooking with home grown produce.
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### Ben Swanson, PhD

Rotation Supervised	Elective in Diversity Advocacy (in development)
Graduate Training Program(s)	University of Utah Counseling Psychology
Internship	American Lakes VA
Areas of Interest & Expertise	Training, Telemental Health, Motivational Interviewing, Positive Psychology, and Program Development
Fun Facts	Avid video game and computer enthusiast going back to the Atari 2600 and the Texas Instruments TI-99/4A home computer that used a tape recorder and audio cassette attached to the system to download programs into its vast 256 byte memory. I'm really looking forward to having my own holodeck one day.
Email	<a href="mailto:Leland.Swanson@va.gov">Leland.Swanson@va.gov</a>

### Cicely Taravella, PhD

Rotation Supervised	Core in Outpatient Psychotherapy – PTSD Clinical Team
Graduate Training Program	PhD, Clinical Psychology – University of North Texas

Internship	VA North Texas Health Care System, Dallas
Postdoctoral Fellowship	VA Salt Lake City Health Care System, PTSD & Polytrauma
Areas of Interest & Expertise	Evidence-based psychotherapies for PTSD (PE and CPT), trauma-related guilt, moral injury, secondary traumatic stress/compassion fatigue, Acceptance and Commitment Therapy, third wave behaviorism, training/supervision
Fun Facts	I grew up in the south, but Utah has my heart. In addition to other humans, I believe in camping, hiking, coffee, mountains, and wool socks. My Patronus is a hedgehog.
Email	<a href="mailto:Cicely.Taravella2@va.gov">Cicely.Taravella2@va.gov</a>

### Ed Varra, PhD

Rotation Supervised	Core in Outpatient Psychotherapy – General Mental Health (BHIP)
Graduate Training Program	PhD, Clinical Psychology – Saint Louis University
Internship	Albany Psychology Internship Consortium
Postdoctoral Fellowship	Traumatic Stress Institute/ Center for Adult and Adolescent Psychotherapy
Areas of Interest & Expertise	PTSD, Mindfulness-based psychotherapy, clinical supervision and professional development.
Fun Facts	Being relatively new to Utah, I am enjoying exploring the area. My time has been spent cooking, hiking, running, and attempting to learn to ski.
Email	<a href="mailto:edward.varra@va.gov">edward.varra@va.gov</a>

### Richard A. Weaver, PhD

Rotation Supervised	Elective in Inpatient Psychiatry Unit
Graduate Training Program	PhD, Clinical Psychology – Brigham Young University
Internship	Timpanogos Community Mental Health Center
Areas of Interest & Expertise	Inpatient psychiatry; working with a broad-spectrum of acute and chronically mentally ill patients; computer applications; psycho-educational approaches.
Fun Facts	Dr. Weaver has been practicing psychology since 1971.

Email [richard.weaver@va.gov](mailto:richard.weaver@va.gov)

## Harrison Weinstein, PhD

Rotation Supervised	MST/CPT, Intensive PTSD
Graduate Training Program	PhD, Clinical Psychology – Palo Alto University
Internship	Southern Arizona VA Health Care System
Postdoctoral Fellowship	VA Salt Lake City Health Care System, PTSD & Polytrauma
Areas of Interest & Expertise	PTSD, TBI and Polytrauma, evidenced based therapies for PTSD, tele-mental health, response bias and effort.
Fun Facts	Outdoor enthusiast – I spend all of my free time skiing (Utah best in world), canyoneering (Utah best in world), and scuba diving (Utah not best in world, but happy just blowing bubbles). I love to travel, and am perpetually hoarding leave for next adventure – I currently have my sights set on Chuuk Lagoon.

Email [Harrison.Weinstein@va.gov](mailto:Harrison.Weinstein@va.gov)

## Brandon A. Yabko, PhD

Rotation Supervised	Elective – Whole Health Mindfulness Center; Core - Outpatient Psychotherapy (Mindfulness, Pain, ACT)
Graduate Training Program	PhD, Counseling Psychology – Arizona State University
Internship	Southern Arizona VA Health Care System
Postdoctoral Fellowship	VA Salt Lake City Health Care System
Areas of Interest & Expertise	PTSD, Mood Disorders, Anxiety Disorders, Chronic Pain, Third-Wave interventions, EMDR, Resiliency and Posttraumatic Growth. I am a Rogerian/interpersonal therapist who utilizes the wonderful opportunities for intervention within the context of the therapeutic relationship. However, my theoretical orientation drives the process of therapy while utilizing Evidenced Based Therapies (EBTs), such as EMDR, ACT, and mindfulness. I have training in most mindfulness-based interventions as well Mindful Self-Compassion. I love doing group work and helping interns find their voice to excel in groups as well.
Fun Facts	I am very passionate and enthusiastic about my work with Veterans and at the same time I work hard in maintaining a strong work-life

balance that helps me be present in all areas of my life. I enjoy snowboarding, mountain biking, hiking...pretty much anything outdoors...hanging out with my wife, daughter and our two wonderful dogs, brewing beer, making/eating sushi, and maintaining a personal mindfulness practice.

Email

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